

<i>SERFF Tracking Number:</i>	<i>UNUM-125712634</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Provident Life and Accident Insurance Company</i>	<i>State Tracking Number:</i>	<i>39542</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium</i>
<i>Product Name:</i>	<i>Term Policy Act Memo Amendment</i>		
<i>Project Name/Number:</i>	<i>L-21715-AM1/</i>		

Filing at a Glance

Company: Provident Life and Accident Insurance Company		
Product Name: Term Policy Act Memo Amendment	SERFF Tr Num: UNUM-125712634 State: ArkansasLH	
TOI: L04I Individual Life - Term	SERFF Status: Closed	State Tr Num: 39542
Sub-TOI: L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium	Co Tr Num:	State Status: Filed-Closed
Filing Type: Form	Co Status:	Reviewer(s): Linda Bird
	Authors: Julie Mader, Dena Miraldi, Nancy MacLean, Joanna Shepich	Disposition Date: 07/09/2008
	Date Submitted: 07/08/2008	Disposition Status: Accepted For Informational Purposes
Implementation Date Requested: 01/01/2009		Implementation Date:
State Filing Description:		

General Information

Project Name: L-21715-AM1	Status of Filing in Domicile: Pending
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Informational	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 07/09/2008	
State Status Changed: 07/09/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
Amendments to Actuarial Memo for L-21715 and amendment to Actuarial Cert for L-21717, changing to the 2001 Commissioner's Standard Table for policy forms issued on and after January 1, 2009	

SERFF Tracking Number: UNUM-125712634 State: Arkansas

Filing Company: Provident Life and Accident Insurance Company State Tracking Number: 39542

Company Tracking Number:

TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium

Product Name: Term Policy Act Memo Amendment

Project Name/Number: L-21715-AM1/

Company and Contact

Filing Contact Information

Dena Miraldi, Contract Consultant gmiraldi@unum.com
 One Fountain Square (423) 294-1410 [Phone]
 Chattanooga, TN 37402

Filing Company Information

Provident Life and Accident Insurance Company	CoCode: 68195	State of Domicile: Tennessee
1 Fountain Square	Group Code: 565	Company Type:
Chattanooga, TN 37402	Group Name:	State ID Number:
(800) 451-8475 ext. [Phone]	FEIN Number: 62-0331200	

Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Provident Life and Accident Insurance Company	\$0.00	07/08/2008	

SERFF Tracking Number: UNUM-125712634 State: Arkansas
Filing Company: Provident Life and Accident Insurance Company State Tracking Number: 39542
Company Tracking Number:
TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: Term Policy Act Memo Amendment
Project Name/Number: L-21715-AM1/

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Linda Bird Informational Purposes		07/09/2008	07/09/2008

SERFF Tracking Number: UNUM-125712634 *State:* Arkansas
Filing Company: Provident Life and Accident Insurance Company *State Tracking Number:* 39542
Company Tracking Number:
TOI: L04I Individual Life - Term *Sub-TOI:* L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: Term Policy Act Memo Amendment
Project Name/Number: L-21715-AM1/

Disposition

Disposition Date: 07/09/2008

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: UNUM-125712634 State: Arkansas

Filing Company: Provident Life and Accident Insurance Company State Tracking Number: 39542

Company Tracking Number:

TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium

Product Name: Term Policy Act Memo Amendment

Project Name/Number: L-21715-AM1/

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		No
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Cover Letter		Yes
Supporting Document	Transmittal Document		Yes
Form	Act Memo Amendment		Yes
Form	Act Memo Amendment		Yes

SERFF Tracking Number: UNUM-125712634 State: Arkansas

Filing Company: Provident Life and Accident Insurance Company State Tracking Number: 39542

Company Tracking Number:

TOI: L041 Individual Life - Term Sub-TOI: L041.103 Renewable - Single Life - Fixed/Indeterminate Premium

Product Name: Term Policy Act Memo Amendment

Project Name/Number: L-21715-AM1/

Form Schedule

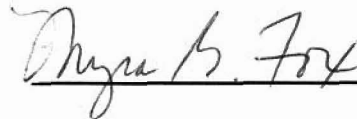
Lead Form Number: L-21715-AM1

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	L-21715-AM1	Policy/Cont Act Memo ract/Fratern Amendment al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial			L-21715-AM1.pdf
	L-21715-AM2	Policy/Cont Act Memo ract/Fratern Amendment al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial			L-21715-AM2.pdf

Provident Life and Accident Insurance Company
1 Fountain Square
Chattanooga, Tennessee

Amendment to the Actuarial Memorandum for Policy Form L-21715, 10 Year Renewable and Convertible Term Policy (for policies issued on or after 01/01/2009)

The reference in the Actuarial Memorandum to the basis for determining minimum nonforfeiture values is changed to the 2001 Commissioner's Standard Ordinary Ultimate table, Age Last Birthday, Table B and Nonsmoker/Smoker distinct. The interest rate used in this test is 5.0%. No cash values are required under this new basis.



Myra B. Fox, F..S.A., M.A.A.A.
AVP, Pricing

June 23, 2008

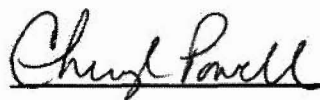
Provident Life and Accident Insurance Company
1 Fountain Square
Chattanooga, Tennessee

I. Amendment to the Actuarial Memorandum for Policy Form L-21715, 10 Year Renewable and Convertible Term Policy (for policies issued on or after 01/01/2009)

The reference in the Actuarial Memorandum for the statutory mortality table for reserves is changed to the 2001 Commissioner's Standard Ordinary Ultimate table, Age Last Birthday, Male/Female and Nonsmoker/Smoker distinct.

II. Amendment to the Actuarial Certification for Rider Form L-21717, Spouse Term Rider (for riders issued on or after 01/01/2009)

The reference in the Actuarial Certification for the statutory mortality table for reserves is changed to the 2001 Commissioner's Standard Ordinary Ultimate table, Age Last Birthday, Male/Female and Nonsmoker/Smoker distinct.

 6-20-2008

Cheryl Powell, F.S.A., M.A.A.A.
AVP, Actuarial Forecasting

SERFF Tracking Number: UNUM-125712634 *State:* Arkansas
Filing Company: Provident Life and Accident Insurance Company *State Tracking Number:* 39542
Company Tracking Number:
TOI: L04I Individual Life - Term *Sub-TOI:* L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: Term Policy Act Memo Amendment
Project Name/Number: L-21715-AM1/

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: UNUM-125712634 State: Arkansas
Filing Company: Provident Life and Accident Insurance Company State Tracking Number: 39542
Company Tracking Number:
TOI: L041 Individual Life - Term Sub-TOI: L041.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: Term Policy Act Memo Amendment
Project Name/Number: L-21715-AM1/

Supporting Document Schedules

Review Status:
Bypassed -Name: Certification/Notice 06/26/2008
Bypass Reason: not required
Comments:

Review Status:
Bypassed -Name: Application 06/26/2008
Bypass Reason: not required
Comments:

Review Status:
Bypassed -Name: Life & Annuity - Acturial Memo 06/26/2008
Bypass Reason: not required
Comments:

Review Status:
Satisfied -Name: Cover Letter 07/03/2008
Comments:
Attachment:
AR.pdf

Review Status:
Satisfied -Name: Transmittal Document 07/03/2008
Comments:
Attachment:
NAIC - Life, Accident & Health Annuity, Credit Trans Doc (eff. 3-1-07).pdf



1 Fountain Square
Chattanooga, TN 37402
423 294 1011
www.unum.com

July 8, 2008

Arkansas Department of Insurance
Compliance and Health Section
1200 West Third Street
Little Rock, AR 72201

**RE: PROVIDENT LIFE AND ACCIDENT INSURANCE COMPANY
NAIC CO. # 565-68195**

INFORMATIONAL FILING

L-21715, Renewable Term Policy To Expiry Date, approved by your Department on April 25, 2000
L-21715-AM1, Non-Forfeiture Amendment to the Actuarial Memorandum for L-21715
L-21715-AM2, Reserves Amendment to the Actuarial Memorandum for L-21715 and
Actuarial Certification for L-21717

Enclosed for your information are L-21715-AM1 and L-21715-AM2 which amend the original Actuarial Memorandum for Policy Form L-21715 and the original Actuarial Certification for Spouse Term Rider Form L-21717. The only change to these original documents is that for policy forms issued on and after January 1, 2009, the 2001 Commissioner's Standard Ordinary Table of Mortality will be used in place of the 1980 Table. The policy forms themselves do not reference this information and therefore do not require revision.

Your assistance with this filing is greatly appreciated.

If you should have any questions regarding this filing, please let me know. I may be reached by telephone at 1-800-451-8475, extension 41410, by fax at 423-294-8346 or by email at gmiraldi@unum.com.

Sincerely,

A handwritten signature in cursive script that reads "Dena Miraldi".

Gaydena (Dena) B. Miraldi, HIA, ACS
Contract Consultant

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Arkansas
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2.	Department Use Only
	State Tracking ID

Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
Provident Life and Accident Insurance Co. 1 Fountain Square Chattanooga, TN 37402	TN		565	68195	62-0331200	

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Dena Miraldi 1 Fountain Square Chattanooga, TN 37402	1-800-451-8475, ext. 41410	423-294-8346	gmiralddi@unum.com

5.	Requested Filing Mode	<input type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input checked="" type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____
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6.	Company Tracking Number	L-21715-AM1
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7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission	Previous file # _____
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8.	Market	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise
		Group <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Small <input type="checkbox"/> Employer <input type="checkbox"/> Discretionary <input type="checkbox"/> Other: _____ </div> <div> <input type="checkbox"/> Large <input type="checkbox"/> Association <input type="checkbox"/> Trust </div> <div> <input type="checkbox"/> Small and Large <input type="checkbox"/> Blanket </div> </div>

9.	Type of Insurance	Individual Term Life
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10.	Product Coding Matrix Filing Code	L04I
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11.	Submitted Documents	<div> <input type="checkbox"/> <u>FORMS</u> <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input checked="" type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other </div> <div> <u>Rates</u> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate </div> <div> <input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: </div> <div> <u>SUPPORTING DOCUMENTATION</u> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other _____ </div> <div> <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Certifications </div> </div> </div>
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12.	Filing Submission Date	July 8, 2008
13	Filing Fee (If required)	Amount _____ Check Date _____ Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No Check Number _____
14.	Date of Domiciliary Approval	Pending
15.	Filing Description:	
	<p style="text-align: center;">See attached cover letter.</p>	

16.	Certification (If required)
<p>I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of Arkansas.</p>	
Print Name <u>Dena Miraldi</u> Title <u>Contract Consultant</u>	
Signature <u><i>Dena Miraldi</i></u> Date: <u>July 8, 2008</u>	

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number		L-21715-AM1
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Amendment to the Actuarial Memorandum for Form L-21715	L-21715-AM1	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
	Changing to 2001 Commissioner's Standard Table			
02	Amendment to the Actuarial Memorandum for Form L-21715 and Actuarial Certification for Rider L-21717	L-21715-AM2	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
	Changing to the 2001 Commissioner's Standard Table			
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

LH FFA-1

18.	Rate Filing Attachment			
This filing transmittal is part of company tracking number				
This filing corresponds to form filing company tracking number				
Overall percentage rate indication (when applicable)				
Overall percentage rate impact for this filing		%		
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	

LH RFA-1